

Complete Summary

TITLE

Pregnancy and related conditions: percent of live-born neonates who expire before the neonate becomes age 28 days.

SOURCE(S)

Specifications manual for national hospital quality measures, version 1.04. Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2005 Aug. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of live-born neonates who expire before the neonate becomes age 28 days.

RATIONALE

Neonatal (0 to less than 28 days of age) mortality continues to account for the largest proportion of infant (0 through 11 months of age) deaths. Low birth weight is a very important risk factor of neonatal mortality.

PRIMARY CLINICAL COMPONENT

Pregnancy; inpatient neonatal mortality

DENOMINATOR DESCRIPTION

All live-born neonates (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

All neonates who expire at the facility before the neonate becomes age 28 days

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Bird ST, Bauman KE. State-level infant, neonatal, and postneonatal mortality: the contribution of selected structural socioeconomic variables. *Int J Health Serv*1998;28(1):13-27. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Collaborative inter-organizational quality improvement
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than 28 days

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All live-born neonates

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All live-born neonates, including transfers in from another acute care hospital

Exclusions

Patients transferred to another acute care hospital

DENOMINATOR (INDEX) EVENT

Clinical Condition

Institutionalization

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

All neonates who expire at the facility before the neonate becomes age 28 days

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure is adjusted for risk factors. Refer to Appendix B of the original measure documentation for risk factor definitions.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Pregnancy and Related Conditions Core Measure Set has been field tested in conjunction with the National Perinatal Information Center (NPIC) using its trend database to analyze the measures. This testing permitted refinement respecting the measures and provided information pertinent to risk-adjustment models.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A comprehensive review of development and testing for national implementation of hospital core measures. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 40 p.

Identifying Information

ORIGINAL TITLE

PR-2: inpatient neonatal mortality.

MEASURE COLLECTION

[National Hospital Quality Measures](#)

MEASURE SET NAME

[Pregnancy and Related Conditions](#)

DEVELOPER

Joint Commission on Accreditation of Healthcare Organizations

ENDORSER

National Quality Forum

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

The Performance Measurement System--formerly CORE Plus™:

- Mortality rate of all neonates with birth weight between 500 and 749 grams
- Mortality rate of all neonates with birth weight between 750 and 999 grams
- Mortality rate of all neonates with birth weight between 1000 and 1499 grams
- Mortality rate of all neonates with birth weight between 1500 and 1999 grams
- Mortality rate of all neonates with birth weight between 2000 and 2499 grams
- Mortality rate of all neonates with birth weight greater than or equal to 2500 grams
- Mortality rate of all inhospital births greater than 500 grams

RELEASE DATE

2000 Aug

REVISION DATE

2005 Aug

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Specifications manual for national hospital quality measures, version 1.04. Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2005 Aug. various p.

MEASURE AVAILABILITY

The individual measure, "PR-2: Inpatient Neonatal Mortality," is published in "Specifications Manual for National Hospital Quality Measures (Version 1.04)." This document is available from the [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\) Web site](#). Information is also available from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#). Check the JCAHO Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

COMPANION DOCUMENTS

The following are available:

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A comprehensive review of development and testing for national implementation of hospital core measures. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 40 p. This document is available from the [JCAHO Web site](#).
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Attributes of core performance measures and associated evaluation criteria. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 5 p. This document is available from the [JCAHO Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on December 27, 2002. The information was verified by the Joint Commission on Accreditation of Healthcare Organizations on January 17, 2003. This NQMC summary was updated by ECRI on October 25, 2005. The information was verified by the measure developer on January 13, 2006.

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